

250643

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC

☐ CLEC

☐ ILEC

☐ Wireless

20/4-12-A

CERTIFICATED COMPANY INFORMATION

Telmex USA, L.L.C.

Company Name

FEIN/SSN

954-517-2303

Db/a/fka

Telephone #

3350 SW 148th AVE., Suite 400

Mailing Address

Mirmar, FL 33027

City, State, Zip Code

Same as above

Business Location

Broward

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: Corporate Service Company

Mailing Address: 1703 Laurel Street

Columbia, SC 29201

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

N/A

A. **General Manager** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

N/A

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

N/A

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

1-800-290-1649

C2. **Customer Contact** (Toll Free Number)

N/A

D. **Engineering Operations** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

N/A

E. **Test and Repair** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

N/A

F. **Emergencies** (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Oyebimpe Oyewale-Smith
Regulatory Officer (Include Address if different than above)
(954) 517-7303 / / Oye.Oyewale@telmex.com
Telephone Number / Facsimile Number / E-mail Address
N/A

H. **Dual Party Mailings** (Name)

(Mailing Address) _____

Telephone Number / Facsimile Number / E-mail Address
N/A

I. **Interim LEC Fund Mailings** (Name)

(Mailing Address) _____

Telephone Number / Facsimile Number / E-mail Address
Oyebimpe Oyewale-Smith

J. **Universal Service Fund Mailings** (Name)
Same as above
(Mailing Address) _____

Telephone Number / Facsimile Number / E-mail Address
Jeannette Perez

K. **Gross Receipts Mailings** (Name)
Same as above
(Mailing Address) _____
(954) 517-7311 / (954) 517.7305 /
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)

(Mailing Address) _____

Telephone Number / Facsimile Number / E-mail Address

Oyebimpe Oyewale
This form was completed by Signature
Contract & Compliance Specialist / 5/6/2014
Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201